



GUILFORD COUNTY  
DEPARTMENT OF EMERGENCY SERVICES

May 14, 1992

Harold Hall  
P.O. Box 396  
Jamestown, NC 27282

Dear Mr. Hall:

This letter is to acknowledge your Notification of Tank Closure as received May 14, 1992 and filed as "Hall Property, Harold". All future correspondence must contain the file name as well as address and county in the subject to ensure its receipt into our filing system.

The results of the required assessment (NCAC Title 15A Subchapter 2N Section .0803 and 40 CFR Part 280.72) should be submitted to this office no later than thirty (30) days after the tank is closed. If there is evidence of a release or suspected release, it must be reported within twenty-four (24) hours.

Also, please remember that to permanently close a tank, owners and operators must clean it by removing all liquids and accumulated sludges as requires under 15A 2N .0802 and 40 CFR 280.71 and 280.72. Any violations documented may be submitted for enforcement action.

Enclosed is an attachment that is to be used for the information required for closure assessment. You may contact me at the letterhead address or telephone number if you have any questions concerning these requirements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelly Craver Gage".

Kelly Craver Gage  
Toxic & Health Hazard Specialist

cc:WSRO  
Spatco Environmental w/attachments

# Notice of Intent: UST Permanent Closure or Change-in-Service

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number 141992

Date Received

## INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

### I. OWNERSHIP OF TANK(S)

Tank Owner Name: Mr. Harold Hall

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: P.O. Box 396

County: Guilford

City: Jamestown State: NC Zip Code: 27282

Tele. No. (Area Code): 919.454.2878

### II. LOCATION OF TANK(S)

Facility Name or Company Vacant Station

Facility ID # (if available)

Street Address or State Road: 108 West Main Street

County: Guilford City: Jamestown Zip Code: 27282

Tele. No. (Area Code): 919.454.2878

### III. CONTACT PERSON

Name: Mr. Harold Hall

Job Title: Owner

Telephone Number: (919) 454.2878

### IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

### V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCO Environmental

Address: 556-L Arbor Hill Rd., K'ville State: North Carolina Zip Code: 27284

Contact: Bill Stewart Phone: 919.996.0573

### VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	12,000	#2 Fuel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	12,000	Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	6,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	6,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	1,000	Waste Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	550	Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Bill Stewart, Location Manager

\*Scheduled Removal Date: 6/15/92

Signature:

*Bill Stewart*

Date Submitted: 5/12/92

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.